



State of Washington
Department of Revenue
Special Programs Division
Miscellaneous Tax Section
PO Box 47477
Olympia WA 98504-7477

COMMERCIAL VESSEL SELLER'S REPORT OF SALE

DOR Use Only

CVT No: _____
OID No: _____
Close Date: _____
Listing Sent: ☐ Yes ☐ No
N.O.V. Sent: ☐ Yes ☐ No

A. Seller Information

Seller's Name (Last) (First) (Middle) () Home Phone
Home Address (Street or Route, PO Box) () Business Phone
(City) (State) (Zip Code)

B. Purchaser Information

Purchaser's Name (Last) (First) (Middle) () Home Phone
Home Address (Street or Route, PO Box) () Business Phone
(City) (State) (Zip Code)

C. Vessel Information

Vessel Name Document No.
Commercial Vessel Tax No. Owner Identification No.
Make/Model Year Built
WN Length
Department of Licensing No. Hull Identification No.
Department of Fish and Wildlife Vessel Registration No.

D. Sale Information

Date of Sale: _____
Broker: _____

Title/Documentation Service:

Purchase Price Detail:

Ship or Vessel Price: \$ _____

Motor/Price: \$ _____

Accessories/Price: \$ _____

Total Purchase Price: \$ _____

(Exclude Fees, Licenses, Taxes)

E. Vessel Use Type

After sale, did vessel leave the state permanently? ☐ Yes ☐ No
After sale, was vessel converted to personal use and watercraft excise tax paid? ☐ Yes ☐ No
After sale, is vessel to continue commercial service in Washington? ☐ Yes ☐ No

F. Signature

The undersigned hereby states, to the best of their knowledge, that the above information is true and correct.

(Print Name)

(Signature)

(Date)

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